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APPLICANTS

E. David Allen, Okeana, OH;
 Kenneth L. Kramer, St. Paul, IN;
 Peter M. Wukusick, Batesville, IN; Eric R. Meyer, Greensburg, IN;
 Gregory W. Branson, Batesville, IN;
 David J. Ulrich, Sunman, IN;
 James M.C. Thomas, Mt. Pleasant, SC;
 Paul M. McDaniel III, Burlington, KY;
 Dennis R. Zwink, Batesville, IN;

** CONTINUING DATA ***
M/T

This application is a CON of 10/327,422 12/20/2002 PAT 6,684,427
 which is a CON of 09/755,583 01/05/2001 PAT 6,496,993
 which is a DIV of 09/120,125 07/22/1998 PAT 6,212,714
 which is a CIP of 08/901,840 07/28/1997 PAT 6,151,739
 and is a CIP of 09/018,542 02/04/1998 PAT 6,163,903
 and said 08/901,840 07/28/1997
 is a CON of 08/367,829 01/03/1995 PAT 5,666,681
 and said 09/018,542 02/04/1998
 is a CON of 08/511,711 08/04/1995 PAT 5,715,548
 and said 09/120,125 07/22/1998
 claims benefit of 60/059,772 09/23/1997

** FOREIGN APPLICATIONS ***
n/a ne

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	14	20	3
Verified and Acknowledged	<i>[Signature]</i>	Examiner's Signature	Initials		

ADDRESS

25267

BOSE MCKINNEY & EVANS LLP

135 N PENNSYLVANIA ST
SUITE 2700
INDIANAPOLIS , IN
46204

TITLE

Hospital bed and matress having a retractable foot section

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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